



**NOTICE TO SUPERVISOR OF INJURY OR EXPOSURE**

**This document does not serve as a claim for benefits under Workers Compensation**

**EMPLOYEE'S INFORMATION**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Injured Worker's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Normal Work Schedule: days per week/hrs per day/shift: \_\_\_\_\_

If injured worker is NOT a Missoula County Employee what is their relationship to your department, (ex: volunteer, community service worker, etc.) \_\_\_\_\_

**INFORMATION ON ACCIDENT, EXPOSURE OR ONSET OF SYMPTOMS**

1. Date and time of injury or onset of symptoms: \_\_\_\_\_

2. When did you first think symptoms might be work related? \_\_\_\_\_

3. Location accident/incident occurred: \_\_\_\_\_

4. Witness(es) to incident: \_\_\_\_\_

5. Nature of injury (e.g., cut, sprain, etc. \_\_\_\_\_

6. Part(s) of body injured: \_\_\_\_\_

7. How did the incident occur? Give full details, including all factors which led to the injury or illness and any objects or substances involved. If more space is needed attach a page.  
\_\_\_\_\_  
\_\_\_\_\_

8. Was safety equipment provided?  No  Yes  Not applicable

9. Was safety equipment used?  No  Yes  Not applicable

If no, explain: \_\_\_\_\_

10. Was work missed:  No  Yes If Yes, indicate days/hours missed:

\_\_\_\_\_

11. Have more than 5 working days been missed due to this injury or illness?  No  Yes

12. Has there been any similar prior injury or illness?  No  Yes- explain on separate sheet

13. Was medical treatment other than first aid received for this injury?  No  Yes

14. Are there plans to seek medical treatment for this injury?  No  Yes

If yes to 13 or 14 provide name, address and phone number of provider(s) as well as date(s) of treatment:  
\_\_\_\_\_  
\_\_\_\_\_

**Note: If treatment is received after filing this report promptly notify Human Resources.**

**SUPERVISORS INFORMATION:**

Print Supervisor's Name Legibly: \_\_\_\_\_

Do you question information provided in this notice:  NO  YES -Explain on separate sheet and attach.

Date and time you were notified of incident: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**SEND COMPLETED FORM TO MISSOULA COUNTY HUMAN RESOURCES:**

200 West Broadway, Missoula MT 59802 Phone: (406)523-4874 Fax: (406)523-4863

Date Notice of Injury was: received/ logged in HR \_\_\_\_\_ Faxed to Risk/Benefits \_\_\_\_\_ Copy sent to worker \_\_\_\_\_

